

ISSUE FEE TRANSMITTAL



1.

2A. The COMMISSIONER OF PATENTS AND TRADE-MARKS is requested to apply the Issue Fee to the application identified below.

(Signature of party in interest of record)

(Date)

By:

5-6-85

Note: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

SC/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
First Named Applicant				

TITLE OF INVENTION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE

1A. Further correspondence to be mailed to the following:

FELFE & LYNCH
805 THIRD AVENUE
NEW YORK, N. Y. 10022

2B. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

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DO NOT USE THIS SPACE

3. ASSIGNMENT DATA (print or type)

- A. (1) ☐ This application is NOT assigned.
 (2) ☒ Assignment previously submitted to the Patent and Trademark Office.
 (3) ☐ Assignment submitted herewith.

B. For Printing On The Patent: (Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data below is only appropriate when an assignment has been previously submitted to the PTO or is submitted herewith. Completion of this form is NOT a substitute for filing of an assignment as required by 37 C.F.R. 1.334).

(1) NAME OF ASSIGNEE:

Sloan-Kettering Institute for Cancer Research
 (2) ADDRESS: (City & State or Country)
New York, New York

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION:

New York

4.

The following fees are enclosed:

☒ Issue fee ☐ Advanced order ☐ Assignment recording

The following fees should be charged to

deposit acc. no. _____
 (PTOL-85c must be enclosed)

☐ Issue fee
☒ Advanced order
☐ Assignment recording

Number of advanced order copies requested _____
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ISSUE FEE TRANSMITTAL

250. 242R
U.S. Department of Commerce
Patent and Trademark Office

This form is provided in lieu of a formal transmittal and should be used for transmitting the Issue Fee. Sections 1A through 4 must be completed as appropriate.

INVENTOR'S ADDRESS CHANGE | SC/SERIAL NO.

INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

Street Address

City, State and Zip Code

☐ Check if additional changes are on reverse side.

MAILING INSTRUCTIONS

All further correspondence including the Issue Fee Receipt, the Patent, and advanced orders will be mailed to the addressee entered in section 1 on PTOL-85c, unless you direct otherwise by specifying the appropriate name and address in 1A below.

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SC/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
06/622,726	06/20/84	024	FRIEDMAN, S	06/12/85
First Named Applicant	HARRELL, RAYMOND P. JR.			

TITLE OF INVENTION USE OF GALLIUM SALTS TO TREAT DISORDERS OF CALCIUM HOMEOSTASIS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
SK276.1	124-127.000	F73	UTILITY	YES	\$250.00	05/13/85

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NEW YORK, N. Y. 10022

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250.00 CK

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